



VERMONT MOBILE LIBRARY LITERACY GRANTS

Year One Report

Due Date: December 31, 2002

**Funded under
the National Leadership Grants for Libraries Program
of the Institute of Museum and Library Services**



**Vermont Mobile Library Literacy Grants
c/o State of Vermont Department of Libraries
109 State Street
Montpelier, Vermont 05609-0601**

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Vermont Mobile Library Literacy Grant

Year 1 Report

Instructions

Each Mobile Library Literacy projects is required to submit a report detailing the activities of the first year of funding.

This Year 1 Report offers the opportunity for mid-course correction. We expect you have learned a great deal in your first year of operation. We will entertain changes to your original grant, but we need to understand how these changes came about, what you have learned, and what your new plan entails.

Contact Amy Howlett, project consultant, with questions.

Please note – Submit 1 original and 2 copies (copies should also include all attachments). *(Handwritten reports or sections of reports will not be accepted.)*

1. FACE SHEET	Using your original face sheet for the Mobile Library Literacy Grant, update with changes made since the original application. Please make sure the GRANT AMOUNT AWARDED matches your total Mobile Library Literacy Grant as reflected in the letter of notification sent to you. Updates should include project directors, phone numbers, and official partners, etc. The Face Sheet is provided as page 5 and 6 in the Year 1 Report. Make sure to fill in the DATE REPORT SUBMITTED on the Face Sheet.
2. ABSTRACT	Using the one-page abstract submitted with your Mobile Library Literacy Grant, provide an updated abstract if changes in your project warrant rewriting the original.
3. NARRATIVE PROJECT REPORT TO DATE GIVING ACTIVITIES, CHANGES, PLANS, CHALLENGES ENCOUNTERED	Describe in narrative form the activities of year one of your grant. Describe in detail changes since your initial submission and the challenges or new discoveries which have required these changes. Please include information on activities through August 30, 2002. The Narrative project report should not exceed 10 pages. Use a typeface that contains no more than six lines per vertical inch and number all pages.
4. SUSTAINABILITY	Describe efforts already underway or planned for Year 2 and Year 3 to sustain the project beyond the grant period. This section of the Report may be included in the Narrative.
5. AWARENESS ACTIVITIES TO DATE	Describe awareness activities to date. This section of the Report may be included in the Narrative. Attach articles, press releases, newsletters or other publicity used.
6. OUTCOMES: PRELIMINARY RESULTS	Attach the outcomes measurement plan for your grant with the information you have collected and compiled during the first year. If you have dropped or changed outcomes since they were finalized, please discuss the changes in the Narrative project report.

7. STATISTICS	Please attach any Year 1 statistical information/data collection. Sample formats for statistical reporting are shown at: http://dol.state.vt.us/gopher_root5/libraries/imlsnlg/samplestats.pdf .
8. OTHER ATTACHMENTS	Please attach any brochures, route schedules, publications, advertising, photographs, surveys, or other testimonials or documentation from your project.
9. BUDGET	Complete the budget forms for year 1 and year 2 as attached on pages 7-13. Provide the actual amounts spent in each category for Year 1. If any changes have occurred in your budget allocations since the original grant application, you must ask for budget approval of these changes. Your Year 2 budget should be submitted with this report for approval on the attached forms.
10. BUDGET NOTES	The Budget Notes should explain all items in the budget. Any changes to the original budget figures provided in your application should be explained and justified in the Budget Notes.
11. SCHEDULE OF COMPLETION	Attach your original Schedule of Completion and provide an updated Schedule of Completion for the second year of the grant, showing when each major project activity will be completed and how grant funds will be spent throughout the project. Include both grant funds and matching funds. Grants which include purchase of a vehicle should include the estimated or actual arrival date for the bookmobile.
12. PARTNERSHIP STATEMENT	Submit Partnership Statements for any new official partners. The Partnership Statement should confirm all conditions identified in the original grant guidelines. A sample group partnership statement is provided on page 14. If you have lost partners listed in the original application please include a history of their departure. If you have added partners since the original application, please include a history of their addition.
13. PARTNER ORGANIZATIONAL PROFILE	Any new official partner must provide an organizational profile of no more than one page that identifies the organization's mission, service area and levels of service, placement within a parent organization (if applicable) and where within the organization the responsibility for the management of the proposed project activities would be assigned.
14. CERTIFICATION OF AUTHORIZING OFFICIAL(S)	The certification statement (page 15) replicates the original statement submitted with the grant. The Authorizing Official(s) must sign the certification statement as they did in the original application.

FACE SHEET

1. Applicant Organization

2. Applicant Organization Mailing Address

3. Name(s) and Title(s) of Authorizing Official(s)

4. Business Phone(s) of Authorizing Official(s)

5. Name and Title of Project Director

6. Business Phone of Project Director

7. Fax Number of Applicant Organization

8. E-mail Address of Project Director

9. Sponsoring institution/parent organization if applicable (e.g., school district)

☐ Check if this entity will manage funds if an award is made.

Sponsoring institution/parent organization Name and address:

10. Check box for type of library below:

☐ Municipal Public Library ☐ Incorporated Public Library

☐ Community Library

☐ School library (or school district applying on behalf of a school library or libraries)

☐ Other type of library, describe below:

FACE SHEET (Cont.)

11. Federal employer identification number: _____

12. Project Title: _____

13.	GRANT AMOUNT REQUESTED	\$ _____
-----	------------------------	----------

14. Amount of Matching Funds \$ _____

15. Amount of In-Kind support \$ _____

16. Grant Period (Starting Date) _____ to _____ (Ending Date)

17. In the space below, include names of any organizations that are official partners of the project:

DATE REPORT SUBMITTED: _____

Project Budget Form
DETAILED BUDGET – YEAR 1 – Actual (Cont.)
Year 1 — Budget Period from 09/01/2001 to 08/30/2002

Name of Applicant Organization: _____

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
TOTAL SALARIES & WAGES		_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
_____	()	_____	_____	_____	_____
GRAND TOTAL SALARIES & WAGES		_____	_____	_____	_____

FRINGE BENEFITS

RATE		SALARY BASE	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
_____	% of	_____	_____	_____	_____	_____
_____	% of	_____	_____	_____	_____	_____
_____	% of	_____	_____	_____	_____	_____
TOTAL FRINGE BENEFITS			_____	_____	_____	_____

Project Budget Form
DETAILED BUDGET – YEAR 1 – Actual (Cont.)
Year 1 — Budget Period from 09/01/2001 to 08/30/2002

Name of Applicant Organization: _____

MATERIALS SUPPLIES & EQUIPMENT

ITEM	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
------	-----------------------------------	--	---	-------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL MATERIALS,
SUPPLIES &
EQUIPMENT**

SERVICES

ITEM	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
------	-----------------------------------	--	---	-------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL SERVICES

OTHER COSTS

ITEM	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
------	-----------------------------------	--	---	-------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL OTHER COSTS

Project Budget Form
DETAILED BUDGET – YEAR 1 – Actual (Cont.)
Year 1 — Budget Period from 09/01/2001 to 08/30/2002

Name of Applicant Organization: _____

CONSULTANT FEES

NAME/TYPE CONSULTANT	COMPENSATION RATE	NO. DAYS	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES			_____	_____	_____	_____

**TRAVEL
FROM/TO**

TRAVEL EXPENSES	YEAR 1 GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS	_____	_____	_____	_____

	GRANT FUNDS EXPENDED	APPLICANT (IF APPLICABLE) EXPENDED	PARTNERS (IF APPLICABLE) EXPENDED	TOTAL EXPENDED
TOTAL DIRECT YEAR 1 PROJECT COSTS	_____	_____	_____	_____

**Project Budget Form
DETAILED BUDGET – YEAR 2**

Budget Period from _____ to _____

Name of Applicant Organization: _____

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	NO.	GRANT FUNDS REQUESTED (PER APPLICATION)	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT (IF APPLICABLE) (REVISED)*	PARTNERS (IF APPLICABLE) (REVISED)*	TOTAL (REVISED)*
_____	()	_____	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____	_____
TOTAL SALARIES & WAGES		_____	_____	_____	_____	_____	_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	NO.	YEAR 2 GRANT FUNDS REQUESTED (PER APPLICATION)	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT (IF APPLICABLE) (REVISED)*	PARTNERS (IF APPLICABLE) (REVISED)*	TOTAL (REVISED)*
_____	()	_____	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____	_____
_____	()	_____	_____	_____	_____	_____	_____
GRAND TOTAL SALARIES & WAGES		_____	_____	_____	_____	_____	_____

Project Budget Form
DETAILED BUDGET – YEAR 2 (Cont.)
 Budget Period from _____ to _____

Name of Applicant Organization: _____

FRINGE BENEFITS	RATE	SALARY BASE	YEAR 2 GRANT FUNDS REQUESTED <small>(PER APPLICATION)</small>	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT <small>(IF APPLICABLE)</small> (REVISED)*	PARTNERS <small>(IF APPLICABLE)</small> (REVISED)*	TOTAL (REVISED)*
		% of _____	_____	_____	_____	_____	_____	_____
		% of _____	_____	_____	_____	_____	_____	_____
		% of _____	_____	_____	_____	_____	_____	_____
		TOTAL FRINGE BENEFITS	_____	_____	_____	_____	_____	_____

MATERIALS SUPPLIES & EQUIPMENT	ITEM	YEAR 2 GRANT FUNDS REQUESTED <small>(PER APPLICATION)</small>	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT <small>(IF APPLICABLE)</small> (REVISED)*	PARTNERS <small>(IF APPLICABLE)</small> (REVISED)*	TOTAL (REVISED)*
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	TOTAL MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____	_____	_____	_____

Project Budget Form
DETAILED BUDGET – YEAR 2 (Cont.)
 Budget Period from _____ to _____

Name of Applicant Organization: _____

SERVICES ITEM	YEAR 2 GRANT FUNDS REQUESTED <small>(PER APPLICATION)</small>	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT <small>(IF APPLICABLE)</small> (REVISED)*	PARTNERS <small>(IF APPLICABLE)</small> (REVISED)*	TOTAL (REVISED)*		
_____	_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____	_____		
TOTAL SERVICES	_____	_____	_____	_____	_____	_____		
OTHER COSTS ITEM	YEAR 2 GRANT FUNDS REQUESTED <small>(PER APPLICATION)</small>	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT <small>(IF APPLICABLE)</small> (REVISED)*	PARTNERS <small>(IF APPLICABLE)</small> (REVISED)*	TOTAL (REVISED)*		
_____	_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____	_____		
TOTAL OTHER COSTS	_____	_____	_____	_____	_____	_____		
CONSULTANT FEES NAME/TYPE CONSULTANT	COMP. RATE	NO. DAYS	YEAR 2 GRANT FUNDS REQUESTED <small>(PER APPLICATION)</small>	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT <small>(IF APPLICABLE)</small> (REVISED)*	PARTNERS <small>(IF APPLICABLE)</small> (REVISED)*	TOTAL (REVISED)*
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL CONSULTANT FEES			_____	_____	_____	_____	_____	_____

Project Budget Form
DETAILED BUDGET – YEAR 2 (Cont.)
 Budget Period from _____ to _____

Name of Applicant Organization: _____

TRAVEL FROM/TO	TRAVEL EXPENSES	YEAR 2 GRANT FUNDS REQUESTED (PER APPLICATION)	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT (IF APPLICABLE) (REVISED)*	PARTNERS (IF APPLICABLE) (REVISED)*	TOTAL (REVISED)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
TOTAL TRAVEL COSTS		_____	_____	_____	_____	_____	_____
		YEAR 2 GRANT FUNDS REQUESTED (PER APPLICATION)	YEAR 1 GRANT FUNDS CARRIED FORWARD*	GRANT FUNDS TO BE EXPENDED IN YEAR 2 (REVISED)*	APPLICANT (IF APPLICABLE) (REVISED)*	PARTNERS (IF APPLICABLE) (REVISED)*	TOTAL (REVISED)
TOTAL DIRECT YEAR 2 PROJECT COSTS		_____	_____	_____	_____	_____	_____

**Explanation should be provided in narrative and budget notes.*

SAMPLE PARTNERSHIP STATEMENT

This page is a sample format for a partnership application. You may complete separate statements with each partner or add additional signature lines for multiple partners. All partners must sign Partnership Statements. They do not all need to sign the same document.

1. Application Organization:

Other partner members (organizations):

2. Brief list of the activities that each organization has agreed to perform:

3. We, the undersigned institutions, agree to all of the following:

- We will carry out the activities described above and in the Application Narrative;
- We will use any funds received as a result of this application in accordance with applicable Federal and State laws and regulations; and
- We assure that our facilities and programs comply with applicable Federal and State requirements.

Signature of Authorizing Official

Partner Organization (Type or Print)

Name and Title of Authorizing Official (Type or Print)

Date

Signature of Authorizing Official

Partner Organization (Type or Print)

Name and Title of Authorizing Official (Type or Print)

Date

Signature of Authorizing Official

Partner Organization (Type or Print)

Name and Title of Authorizing Official (Type or Print)

Date

(Add additional lines or duplicate pages as necessary.)

CERTIFICATION OF AUTHORIZING OFFICIAL(S)

CERTIFICATION OF AUTHORIZING OFFICIAL(S)

(The applicant organization's authorizing official(s) should sign the following certification after all other parts of the Year 1 Report have been completed.)

I have examined this report and I hereby certify on behalf of the applicant organization that that:

- 1) the information provided in this report is complete and accurate to the best of our knowledge
- 2) good faith efforts will be made to sustain any ongoing project established by this grant

Signature of Library or School Board Chair

Date

Name of Library or School Board Chair (printed or Typed)

Signature of Authorizing Official

Date

Name and Title of Authorizing Official (printed or Typed)

(e.g. for municipal libraries, select board chair or town manager; for school districts, superintendent, etc. or consult your organization's legal counsel for advice on appropriate authorizing official)

(Add additional lines or duplicate pages as necessary.)

Year One Report Checklist

Use the checklist to arrange the sections of your Vermont Mobile Library Literacy Grant Year One Report. Check off the boxes to make sure you have included all the require elements.

- ☐ Face Sheet (updated as applicable)
- ☐ Abstract (updated as applicable)
- ☐ Narrative Project Report
- ☐ Sustainability Activities (may be included in Narrative)
- ☐ Awareness Activities with Attachments (if applicable) (may be included in Narrative)
 - Attachments (please list) _____

- ☐ Outcomes
- ☐ Statistics
- ☐ Other attachments (if applicable)
- ☐ Budget
 - Year 1 – Actual
 - Year 2 – Revised
- ☐ Budget Notes
- ☐ Original Schedule of Completion
- ☐ Updated Schedule of Completion (if applicable)
- ☐ Partnership Statements (if applicable)
- ☐ Partner Organizational Profiles (if applicable)
- ☐ Certification of Authorizing Official(s)
- ☐ Year One Report Checklist

Submit 1 original and 2 copies (copies should also include all attachments). *(Handwritten reports or sections of reports will not be accepted.)*